

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
635 Tower Grove Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Voegtli

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Leo Voegtli
6. (c) Age of husband or wife if alive _____ years
27th 1864
7. Birth date of deceased. June 27th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 16
hr. _____ min.

9. Birthplace Germany U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Grotjan

13. Birthplace Germany U
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany U
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Voegtli Jr.

(b) Address 635 Tower Grove Ave.

17. (a) Burial (b) Date thereof 11-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 14 1941 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County COO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 635 Tower Grove Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1941 hour 8:45 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug - 1 - 1941 to Nov 12, 1941
that I last saw her alive on Nov 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy General
arteriosclerosis
Senility
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Ringer (M. D. or other) W. B. Ringer

Address 4559 Leadet Date signed 11-13-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

4337 Cadix Ave
for 3427 ok R.P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Edmund M. Bennett*
Licensed Embalmer No..... *3024*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.